

VA REQUEST FOR CERTIFICATION (RFC)



NAME		UIN (Student K#)	SSN	AGE	
ADDRESS			TAMUK E-MAIL		
CITY	STATE	ZIP	HOME PHONE	WORK PHONE	
*VETERAN NAME		*VETERAN SSN VETERAN DATE OF BIRTH / /		*ACTIVE <input type="checkbox"/> OTHER <input type="checkbox"/>	
DEGREE <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> BBA <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PHD MAJOR/PROGRAM _____ (ex. ENGR, HIST, MBA) <input type="checkbox"/> CERTIFICATION IN _____					
Have you changed majors since your last certification <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from _____ to _____ If yes, have you submitted a Change of Program or Place of Training Form <input type="checkbox"/> Yes <input type="checkbox"/> No					
VETERAN STATUS: <input type="checkbox"/> Not Active Duty <input type="checkbox"/> Active Duty			STATE BENEFITS: <input type="checkbox"/> HAZLEWOOD – VETERAN <input type="checkbox"/> HAZLEWOOD – DEPENDENT		
VA CHAPTER: <input type="checkbox"/> 33 (Post 9/11) _____ % Receiving <input type="checkbox"/> 30 (MGIB) <input type="checkbox"/> 1606 (Reserve) <input type="checkbox"/> 1607 (REAP) <input type="checkbox"/> 31 (VOC REHAB) <input type="checkbox"/> 35 (DEPENDENT) <input type="checkbox"/> 33 (POST 9/11 DEPENDENT)					
STUDENT STATUS: <input type="checkbox"/> Recertification <input type="checkbox"/> Transfer Student* from _____ <input type="checkbox"/> Incoming Student Graduating Semester <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__ Are you interested in VA Work Study?(Federal Receipts Only) <input type="checkbox"/> Yes <input type="checkbox"/> No *If transfer student, have you submitted a Change of Program or Place of Training Form <input type="checkbox"/> Yes <input type="checkbox"/> No					
For which term would you like to be certified: <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__ <input type="checkbox"/> Other 20__ All official and military transcripts have been provided to Admissions (Articulation) for possible credit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously use VA Educational Benefits: <input type="checkbox"/> Yes, at TAMUK <input type="checkbox"/> Yes, at other college _____ <input type="checkbox"/> No					
<p>1. I understand that the courses that I am certifying for are in my current major and on my degree plan, except as noted, and that if I enroll in courses not in my major, I will be responsible to the Department of Veterans Affairs for any overpayment. INITIALS _____</p> <p>2. I understand that I must be registered in order for the Veteran Affairs Office to process my certification with the Department of Veteran Affairs. INITIALS _____</p> <p>3. I will notify the Veteran Affairs Office if I Add, Drop or Q-drop during the semester in which I am requesting certification. A VA registration hold will be initiated upon receipt of certification. INITIALS _____</p> <p>4. I understand that a VA registration hold will be placed on your account to prevent any changes that can affect your federal or state veteran benefits. If for any reason changes are needed the hold will be removed for 24 hours and appropriate documentation will be forwarded to Veteran Affairs Office within the same time. Example: Add/Drop Classes, Degree changes, etc. INITIALS _____</p> <p>5. I understand that I must have a CURRENT signed degree plan in my major on file with Veteran Affairs Office, and must fill out a Change of Program form anytime my major changes. INITIALS _____</p> <p>6. I understand that if receiving any scholarship, waiver, aid, or assistance (other than loans and funds under the Higher Education Act) those monies will be paid first. Indicate Yes / No / NA. INITIALS _____</p> <p>7. I understand that as a Veteran, I must reside in Texas during term of enrollment, or as a dependent receiving a veteran's benefits; I must meet the institution's resident tuition requirements in compliance with the Hazlewood Act. INITIALS _____</p> <p>8. I understand that my residency status affects my eligibility for resident tuition and financial aid at a Texas college or university; If I do not qualify for state residency, I am held responsible for any debt. INITIALS _____</p> <p>9. I understand under the provisions of Federal and State Veterans Education Policies I must maintain a GPA of 2.0 or above in order to receive Veteran educational benefits. INITIALS _____ GPA _____</p>					
STUDENT SIGNATURE			DATE		

All required documents must be submitted concurrently. Partial documentation will not be accepted.
 University students e-mail accounts are the University's official means of communication with all students.
 (*) Indicates fields needed to be filled out by Students receiving benefits transferred from Veteran